Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

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		CLAIMS A		S FILED - PART I				SMALL ENTITY			OTHE	R THAN
TOTAL CLAIMS			(Colum	(Column 1)		(Column 2)		TYPE [OR	SMALL	
TOTAL CLAIMS			19	9		· .		RATE	FEE		RATE	FEE
FOR				NUMBER FILED		NUMBER EXTRA		BASIC FEI	E 385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			Q mi	0 minus 20=		•		X\$ 9=	1	OR	X\$18=	
INDEPENDENT CLAIMS				/3 minus 3 = 1			1	X43=	†	OR	X86=	
M	JLTIPLE DEPE	ENDENT CLAIM P	PESENT	RESENT				+145=	1			
* [[f the differenc	e in column 1 is	less than z	zero, enter	"0" in (column 2	L	TOTAL	 	OR	+290=	<u> </u>
				MENDED - PART II				IUIAL	<u></u>	OR	TOTAL	
		(Column 1)	4141F140FF	(Column 2) (Column :			ı	SMALL	ENTITY	OR	OTHER SMALL	
「 <u>.</u>		CLAIMS		HIGHE		1	j			ן ר		
ENT A		REMAINING AFTER AMENDMENT		NUMB PREVIOI PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	<u> -</u>	Minus	***		=		X43=		OR	X86=	
	FIRST PRESE	ST PRESENTATION OF MULTIPLE DEPENDENT C						-		┨ʹʹʹͰ		
								+145=		OR	+290=	
								TOTAL DDIT. FEE		OR 2	TOTAL ADDIT. FEE	
		(Column 1)		(Colum	າກ 2)	(Column 3)	~~	JUII. I LL .		.	100H. FEE	
		CLAIMS		HIGHE		10010	, L	1		, r		
8	l '	REMAINING	'	NUMBE	ER	PRESENT			ADDI-	1		ADDI-
z	l '	AFTER AMENDMENT	1	PREVIOL		EXTRA		RATE	TIONAL	1	RATE	TIONAL
¥	ſ <u>_</u>		 	PAID FO	OH		-		FEE	∮ }		FEE
AMENDMENT	Total	*	Minus	**		= .	L	X\$ 9=	<u>, </u>	OR	X\$18=	•
₹	Independent	* NTATION OF MU	Minus	SENDENT C		=		X43=		OR	X86=	
	FIRST FREUE	NIAHUN OF WIL	LIPLE UEF	'ENDEN!	CLAIM			+145=	-	1	+290=	· · · · · ·
								•		OR		
			• • .	· AD	TOTAL DIT. FEE	<u>:</u>	OR A	TOTAL DDIT. FEE	<u> </u>			
—		(Column 1)		(Column		(Column 3)	<i>:</i>			•	•	•
ا د		CLAIMS REMAINING	1	HIGHES					ADDI-	, L		*DDI
	. ,	REMAINING AFTER	1 1	NUMBE PREVIOU		PRESENT	١,		ADDI- TIONAL		DATE	ADDI-
<u> </u>		AMENDMENT	<i>i</i>	PAID FO		EXTRA	1 '	1A1 - 1.	FEE		RATE	TIONAL FEE
INDIMEN I	Total	•	Minus	**		= .	1,	(\$ 9=	 -	OR	X\$18=	<u> </u>
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1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	^00-	
+145= O										OR	+290=	
											TOTAL	
11	the "Highest Num	mber Previously Paid	id For IN THIS	S SPACE is le	ess than	3 enter *3 * .				· AL	DOIT. FEE	
• •	ie ingresi itariis	ber Previously Paid	FOI (IUIAIUII	maepenaeni) is the n	ighest number i	found i	in the appro	opriate box	in colun	nn 1.	